



Iowa Department of Agriculture and Land Stewardship
Feed Bureau
Wallace Building
Des Moines, Iowa 50319
515-242-6338

Office Use Only
Record Type:
H-000-Home Office
(one or more branches)
S-000-Site-no branches
M-000-Mailing Address
B-001-Separate Mailing
Address

Feed License Application

Chapter 198, Code of Iowa

Business Name: _____

Secondary Name (DBA, C/O): _____

Address: _____

City: _____ State: _____ Zip code: _____

County No. (Iowa locations only): _____ Tel. Number: _____

MAILING ADDRESS if different from the above address:

City: _____ State: _____ Zip code: _____

County No. (Iowa locations only): _____ Tel. Number: _____

If doing business under new name, list previous business name and previous feed license number below:

TYPE OF OPERATION (Please check all that apply)

Manufacturer

- ☐ Custom Mixing (C)
- ☐ Branded Labeled Feed (M)
- ☐ Toll Milling (M)

Distributor

- ☐ Broker (B)
- ☐ Wholesale Distributor (D)
- ☐ Guarantor (Your company name appears on the label, but your feed product is manufactured by another firm) (D)
- ☐ Retail Distributor (D)
- ☐ Bulk Feed Dealer (D)

Medicated Type

- ☐ Non-Medicated Feed (N)
- ☐ Medicated Feed/FDA Licensed (F)
- ☐ Medicated Feed/Non-FDA Licensed (I)

Product Type:

- ☐ Animal Feed (Includes ingredients, complete feeds, supplements, premixes) (T)
- ☐ Small Package Pet Food (Ten pounds or less) (P)
- ☐ Large Package Pet Food (Over ten pounds) (T)

License Fee: \$10.00. Make check payable to: Secretary of Agriculture

Name – Please Print

Signature

Date

List all other facilities in this state owned or operated by your firm under the same name.

Address: _____ City: _____

State: _____ Zip: _____ Cty # _____ Telephone: _____

Manufacturer

Distributor

- | | |
|--|---|
| <input type="checkbox"/> Custom Mixing | <input type="checkbox"/> Broker |
| <input type="checkbox"/> Branded Labeled Feed | <input type="checkbox"/> Retail Distributor |
| <input type="checkbox"/> Toll Milling | <input type="checkbox"/> Wholesale Distributor |
| <input type="checkbox"/> Non-Medicated Feed | <input type="checkbox"/> Bulk Feed Dealer |
| <input type="checkbox"/> Medicated Feed/FDA Licensed | <input type="checkbox"/> Guarantor (Your company name appears |
| <input type="checkbox"/> Medicated Feed/Non-FDA Licensed | on the label, but your feed product is |
| | manufactured by another firm) |

Product Type:

- ☐ Animal Feed (Includes ingredients, complete feeds, supplements, premixes) (T)
- ☐ Small Package Pet Food (Ten pounds or less) (P)
- ☐ Large Package Pet Food (Over ten pounds) (T)
-

Address: _____ City: _____

State: _____ Zip: _____ Cty # _____ Telephone: _____

Manufacturer

Distributor

- | | |
|--|---|
| <input type="checkbox"/> Custom Mixing | <input type="checkbox"/> Broker |
| <input type="checkbox"/> Branded Labeled Feed | <input type="checkbox"/> Retail Distributor |
| <input type="checkbox"/> Toll Milling | <input type="checkbox"/> Wholesale Distributor |
| <input type="checkbox"/> Non-Medicated Feed | <input type="checkbox"/> Bulk Feed Dealer |
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Note: If additional space is needed attach a separate sheet in the same format